



SICK LEAVE DONATION PROVIDER FORM

Donor Employee Information

Employee Name: _____

Employee Number: _____

Job Title/Department: _____

Total hours of sick leave to
be donated _____ To: _____
Hours Name of Recipient Employee

In order to be eligible to donate sick leave time the donating employee must have at least five years employment with the City and shall have an accrued sick leave balance of more than one hundred sixty (160) hours.

Recipient must exhaust all sick and annual leave balances prior to receiving donated sick leave hours. Unused donated sick leave remains with the donor.

Certification of Donating Employee:

I do hereby certify in making this voluntary request that the Payroll Department has permission to transfer the above listed hours of my sick leave to the Recipient Employee listed above. I understand that my sick leave balance will be reduced by the specified number of hours and that this decision is irreversible as of the date this form has the required signatures.

Donating Employee's
Signature: _____ Date: _____

ORDER OF ROUTING

Payroll

Donating Employee has _____ sick hours accrued as of this date.

Approved by: _____ City Manager

Date: _____

PAYROLL

From: _____ To: _____

Pay Rate: _____ Pay Rate: _____

Hours to Transfer: _____ *Hours to Receive _____

*** Hours transferred will be adjusted to the salary differences and actual value of the leave of the employees involved.**